

RETAIL CIGARETTE AND TOBACCO PERMIT APPLICATION

INSTRUCTION SHEET

1. Please fill out the application below completely. Your permit cannot be processed until **ALL** of the information requested has been provided. **You must provide a copy of your sales tax certificate.**
2. The permit fee is based upon the weekly gross sales of cigarette and tobacco products. If you are purchasing an existing store, please permit based on the previous owner's sales volume.

The permit fee schedule is as follows:

For retailers whose WEEKLY gross sales are less than \$5,000	\$20.00
For retailers whose WEEKLY gross sales are between \$5,000 and \$15,000	\$30.00
For retailers whose WEEKLY gross sales are in excess of \$15,000	\$50.00

3. No cigarette or tobacco products may be purchased or sold until you have received your permit.
4. Permits are non-transferable. If purchasing an existing business, you must receive a new permit before purchasing or selling any cigarettes or tobacco products.
5. If you are purchasing an existing business or store location, even if you are going to change the name, you must provide the store's existing name and permit number (4 digits in upper right hand corner of the previous owner's permit).
6. No cash is accepted. Please enclose a check or money order for the appropriate amount of your permit.
7. The application must be signed by the owner or corporate officer. If the business is a partnership, then it must be signed by the primary owner or managing partner.
8. Permits will have to be renewed annually by June 30th.

(Tear off bottom portion and return along with payment)

CLASS CODE: 5351

STATE OF ARKANSAS

Over the Counter Sales

RETAIL CIGARETTE AND TOBACCO PERMIT APPLICATION

Mail with payment to: **Arkansas Tobacco Control Board** Phone #: (501) 682-9756 Amount of Permit: _____
101 East Capitol Avenue, Suite 204
Little Rock, AR 72201-3826

Name of Business _____

FEIN _____ Sales Tax # (attach copy of certificate) _____

SSN _____ Type of Outlet _____ w/Gas? _____

Mailing Address _____ City _____ Zip _____

Business Address _____ City _____ Zip _____

County _____ Telephone # _____ Fax # _____

If purchasing or leasing an existing business:

Name of Business Purchased: _____

Permit Number of Previous Owner: _____ Date of Purchase _____

I declare under penalty of law that I will faithfully comply with Arkansas Tobacco Laws, A.C.A. § 4-75-701 through 4-75-713, 5-27-227, 26-57-201 through 26-57-262, 26-57-801 through 26-57-803 and 26-57-1102 as amended.

Date _____

Signature of Owner or Corporate Officer

Printed Name of Owner or Corporate Officer